## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

## **Facility Information**

Facility Name: FOSNOW ADULT FAMILY HOME (0009971)

Address: 2324 13TH LA, FRIENDSHIP, WI 53934

**License Status: REGULAR** 

Licensed/Certified/Registered 01/16/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History	istory	His	urvev	
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Survey ID: 0095247 End Date: 07/20/2005 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094759 End Date: 04/01/2005 Type: OTHER Purpose: DESK REVIEW

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008154 Served 04/02/2005

Deficiencies Cited Subject Area <u>Compliance</u>

Verified Corrected

50.065(6)(b) CREDENTIALED CAREGIVERS 07/20/2005 Yes

Survey ID: 0090614 End Date: 07/09/2003 Type: STANDARD Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10007813 Served 07/12/2003

Deficiencies Cited Subject Area Verified Corrected

Compliance

88.07(3)(d) MEDICATION- WRITTEN ORDER

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Enforcement History** 

Date: 04/01/2005

SOD #10008154

Appealed: No

**Sanctions** 

COMPLY WITH REQUIREMENT

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